								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/77/207													
CLAIMS AS FILED - PART!												07	
(Column 1) (Column 2)								SMALL E Type i	NTITY		OTHER		
TOTAL CLAIMS 36							1			OR	SMALL		
500					نندينا			RATE	FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA	. 1	BASIC FE	E 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20=		•	6		X\$ 9=		ОЯ	X\$18=	288.00	
INDEPENDENT CLAIMS			Ø minus 3 =			6	X40=			OR	X80=	<i>५</i> ८0∙००	
Mī	JLTIPLE DEPEN	NDENT CLAIM P	RESENT						<del>                                     </del>	107		100.00	
1 If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=		
								TOTAL	L	OR	TOTAL	1478.00	
ÇLAIMS AS AMENDED - PART II											OTHER		
_	(Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR	SMALL	ENTITY	
₹		REMAINING		NUM	BER	PRESENT		0.75	ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	. 12	Minus	2	6	= ./		X\$ 9=		OR	X\$18=	7	
M	Independent	l· 3	Minus	•••	9	=		X40=	<del>                                     </del>	1	X80=	/	
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del>                                     </del>	OR	X80=	/	
A. A. A.A.								+135=		OR	+270=		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						7	TOTAL NODIT, FEE		OR	TOTAL ADDIT, FEE		
9	-20-00	-20-05 (Column 1) (Column 2) (Column 3)								• .	r		
		CLAIMS REMAINING AFTER		HIGH	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI-	1 1	RATE	ADDI-	
AMENDMENT B				PREVIO					TIONAL			TIONAL	
		AMENDMENT		PAID	FOR /		ļ		FEE			FEE	
	Total Independent	. 12	Minus Minus	. 36	<del>)</del>	• `		X\$ 9=		OR	X\$18=	·	
¥				··· 9   =			-	X40=	1	OR	:480= -		
ᆫ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b>			J'''			
								+135=		OR	+270≖		
								TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)	_	(Colun	nn 21	(Column 3)	-						
6		CLAIMS		HIGH	EST	1	Г		ADDI-	1		400:	
İ		REMAINING AFTER		NUMB PREVIO	OUSLY	PRESENT EXTRA		RATE '	TIONAL		RATE	ADDI- TIONAL	
NE NE		AMENDMENT		PAID			L		FEE			FEE	
AMENDMENT C	Total		Minus	**		2		X\$ 9=		OR	X\$18=		
3	Indep ndent	•	Minus	•••		=	H	V46		J.,			
۷	FIRST PRESE	NTATION OF MI	ILTIPLE DEF	PENDENT	CLAIM		L	X40=		OR	X80=		
			+135=		OR	+270=							
" If the entry in column 1 is less than the entry in column 2, write "of in column 3.  " If the "flighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  APPLY SES													
••••	If the "Highest Nu	mber Previously Pa	eld For IN THU	S SPACE &	lass tha	n 3 enter "3"		ODIT. FEE			NOOIT. FEE		
•	a uthisziumi	ber Previously Pai	TOTAL (TOTAL OF	nigebeuge	uri) iz me	प्ततीम <b>क्टा प्रतामक्</b> र	TOU	an ny ang an	propriate box	i in coh	ມກາກ 1.		